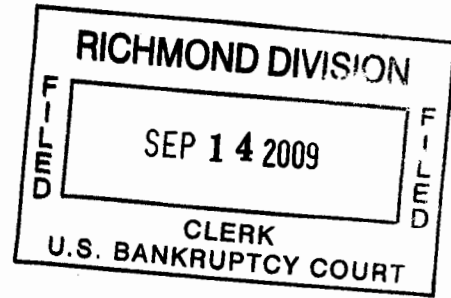


August 31, 2009  
In re: Circuit City Stores, Inc.,  
Chapter 11  
Case No. 08-35653 (KRH)



From: Claimant: Melissa Michelle Gillard  
9255 Tamarack Ave  
Sun Valley, Ca 91352-1324  
(818) 422-2870  
Claim Number: 8522  
PRF No. 18538

Amount Claimed as Filed: \$2,689.40  
Notice of Debtors' Thirtieth Omnibus Objection to Claims (Disallowance of Certain Claims for Wages and Compensation)

To: Clerk of the Bankruptcy Court  
United States Bankruptcy Court  
701 East Broad Street—Room 4000  
Richmond, Virginia 23219

Counsel to the Debtors and Debtors in Possession:  
Gregg M. Galardi, Esq.  
Ian S. Fredericks, Esq.  
SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP  
One Rodney Square  
PO Box 636  
Wilmington, Delaware 19899-0636  
(302) 651-3000

Dion W. Hayes (VSB No. 34304)  
Douglas M. Foley (VSB No. 34364)  
MCQUIREWOODS LLP  
One James Center  
901 E. Cary Street  
Richmond, Virginia 23219  
(804) 775-1000

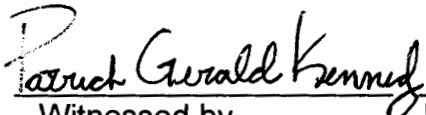
Chris L. Dickerson, Esq.  
SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP  
155 North Wacker Drive  
Chicago, Illinois 60606  
(312) 407-0700

Dear Bankruptcy Court/To Whom it May Concern, August 31st, 2009

I MELISSA MICHELLE GILLARD / Melissa Michelle Gillard (Declarant), am a resident of Sun Valley, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008). According to California State Law I am legally entitled to the claim I filed in October of 2008; claiming \$112.63 from 7.5 hours of work at \$13.25 an hour earned from 5/19/08 to 5/21/08. As well as additional wages accrued pursuant to California Labor Code Section 203 as a penalty at the rate of \$86.13 per day until paid, but not to exceed thirty days for an amount of \$2,583.90. Claiming a grand total of \$2,689.40. A total amount that I have not yet received. Management was fully aware of this ongoing situation and never actively did anything to relieve the problem, which I understand continued until the final closing of the store in March of 2009. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me or my witness who is also aware of the above situation as this not only affected me but almost all of the employees in the store. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

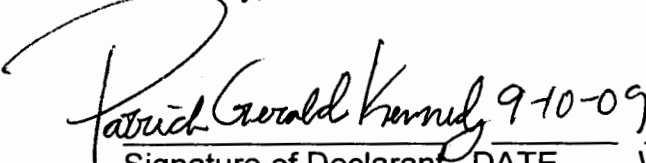

  
\_\_\_\_\_  
Signature of Declarant  
Melissa Michelle Gillard  
9255 Tamarack Ave  
Sun Valley, Ca 91352  
(818) 422-2870  
[mel.gillard@gmail.com](mailto:mel.gillard@gmail.com)

  
\_\_\_\_\_  
08-31-09 DATE Witnessed by DATE  
Patrick Gerald Kennedy  
PO BOX 280281  
Northridge, Ca 91328-0281  
(818)793-6643  
[patgenken@yahoo.com](mailto:patgenken@yahoo.com)

Dear Bankruptcy Court/To Whom it May Concern, September 7, 2009

I PATRICK GERALD KENNEDY Patrick Gerald Kennedy (Declarant), am a resident of Woodland Hills, County of Ventura, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California ( 2006-2008) as a Full Time Customer Service representative, Circuit City management and Circuit City Human Resources repeatedly failed to follow California State Labor Codes and California State Labor Laws. Specifically those dealing with the payment of regular and overtime time pay as well as final paychecks in a timely manner, California State Labor Code 203. I routinely observed as well as took phone calls from upset former/current employees who had not received their final paychecks and/or were missing pay from work completed, sometimes months or years after the work had been completed or in most cases their last day of employment. Management was fully aware of said ongoing situation as numerous employees complained as well as filed claims with the DLSE and never actively did anything to relieve the problem, which I understand continued to the stores ultimate closing sometime in March 2009. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me. I can be reached at the following phone number, mailing address and/or email address printed below.

Sincerely,

	9-10-09		09-10-09
Signature of Declarant	DATE	Witnessed by	DATE
Patrick Gerald Kennedy		Melissa Michelle Gillard	
PO BOX 280281		9255 Tamarack Ave	
Northridge, Ca 91328-0281		Sun Valley, Ca 91352-1324	
(818) 793-6643		(818) 422-2870	
<u>patgenken@yahoo.com</u>		<u>mel.gillard@gmail.com</u>	

December 17, 2008

To Whom It May Concern,

I, Melissa Michelle Gillard, filed a wage claim with the Division of Labor Standards Enforcement (DLSE) against Circuit City Inc. Wages for 8 hours at \$13.25 per hour earned from 05/19/2008 to 05/21/08, claiming a total of \$106. Also, alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of \$86.13 per day until paid, but not to exceed thirty days. A total of \$2,689.90.

Detailed Description of Claim: On 05/19/08, I was clocked out at 4:01pm however, was still working another half hour helping with customer returns. On 05/21/08 my timesheet only reflects the time that I came back from lunch. I came in at 6 a.m. went to lunch at 12 p.m. came back at 12:30 p.m. and clocked out for the day at 2 p.m. With both days, totaling 8 hours, I was not paid for. My dates of employment were 06/15/07 to 06/05/08. I received my "final" check on 06/10/08. This specific check did not include 05/19/08, 05/21/08, and 06/05/08. I informed my manager, Ron Particelli, of the matter and he said he would take care of it. On 07/02/08 I received a check for 06/05/08 but not for the other two days. Mr. Particelli said he would give me a call when the check came in. I did not hear from him as I tried to contact him on several occasions. Finally, on 10/03/08 I filed a wage claim with DLSE. My Deputy Labor Commissioner was Susan Johnson. On 11/03/08, 11/10/08, and 11/18/08 I called Deputy Johnson to check the status of my claim. I received a notice after Thanksgiving that I must pursue my claim with the Bankruptcy Court.

The following pages are supporting documents. The first page is my notice of claim filed. Attached to that is my timesheet with a manual timesheet to adjust the times of 05/19/08 and 05/21/08 that is faxed to the Corporate offices of Circuit City. The last two pages is the notice sent from DSLE to pursue my claim with the Bankruptcy court and a copy of my claim with the court.

If any further information is needed please feel free to contact me. Thank you for your time as it is greatly appreciated.



Melissa M. Gillard  
(818) 689-6584  
9255 Tamarack Ave  
Sun Valley, Ca. 91352

PAGE 1

Direct any correspondence to:

Document Page 5 of 9

LABOR COMMISSIONER, STATE OF CALIFORNIA

Department of Industrial Relations

Division of Labor Standards Enforcement

6150 Van Nuys Boulevard, Room 206

Van Nuys, CA 91401

Tel: (818) 901-5315 Fax: (818) 901-5307



**PLAINTIFF:** Melissa Michelle Gillard  
 9255 Tamarack Avenue  
 Sun Valley, CA 91352-1324

**DEFENDANT:** Circuit City  
 6401 Canoga Avenue  
 Woodland Hills, CA 91367

State Case Number

17 - 50567 SJ

## NOTICE OF CLAIM FILED

A notice of your claim has been mailed to the above named defendant.

Your complaint was described as follows:

**Wages for 7.5 hours at \$13.25 per hour earned from 5/19/08 to 5/21/08, claiming \$99.38.**

**TOTAL CLAIMED = \$99.38**

☒ and also alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of ~~\$86.13~~ per day until paid, but not to exceed thirty days.

☐ and also alleging additional wages accrued pursuant to Labor Code Section 203.1, as a penalty of ..... per day for issuance of an insufficient payroll check for an indeterminate number of days not to exceed thirty days.

In addition you may be subject to penalties due to the State of California, which may be assessed pursuant to Labor Code Section 210.

This claim may be settled immediately by mailing to this office a check or money order made payable to the **Plaintiff**. If the claim is disputed your employer will submit a written statement **in duplicate** of the facts and include payment of any amount conceded due, **plus penalties**. Payment must be accompanied by a separate or detachable itemized statement of any deductions made as provided by the Labor Code. No payroll deductions will be made from the amounts paid as penalties but you must report this amount as income.

We requested a written reply, in duplicate, to this letter within 10 days from the date below.

If this claim is not settled, it will be resolved as provided by Section 98 of the California Labor Code.

DATED: October 3, 2008

Susan Johnson  
 818-901-5308

Deputy Labor Commissioner



1230 (TOTAL OF 7 HOURS)  
BY CHRIS GIOVANI TO  
DO SALES.

PAGE 4

Department of Industrial Relations  
DIVISION OF LABOR STANDARDS ENFORCEMENT  
6150 Van Nuys Boulevard, Room 206  
Van Nuys, CA 91401  
Tel: (818) 901-5315 Fax: (818) 901-5307



November 25, 2008

Melissa Michelle Gillard  
9255 Tamarack Avenue  
Sun Valley, CA 91352-1324

Reply to: 17 - 50567 SJ

RE: Your claim v. Circuit City Stores, Inc.

Dear Ms. Gillard

Please be advised that the above mentioned employer has filed for bankruptcy protection. Therefore, we have no jurisdiction and are closing our file.

Please see the copy of filing attached. It is imperative that you file a claim with the Bankruptcy Court listed below.

The address for the Bankruptcy Court is as follows:

United States Bankruptcy Court For the Eastern District of.....  
Virginia, Richmond Division Case Nos. 08-35653 thru 08-356-70.....  
CONTACT FOR FILING SECTION 503(b) (9) CLAIM FORM:.....  
c/o Kurtzman Carson Consultants LLC.....  
2335 Alaska Avenue.....  
El Segundo, CA 90245.....

Sincerely,

Susan Johnson

Susan Johnson  
Deputy Labor Commissioner



B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>CIRCUIT CITY STORES, INC (TAX ID NO. 54-0493875)</u>		Case Number: <u>00-35653</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>MELISSA GILLARD</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>MELISSA GILLARD</u> <u>9255 TAMARACK AVE</u> <u>SUN VALLEY, CA 91352</u> Telephone number: <u>8186896584</u>		Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above):  Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>2,684.98</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. <u>LABOR CODE SECTION 203 VIOLATION</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  Amount entitled to priority: \$ _____
2. Basis for Claim: <u>LA LABOR CODE VIOLATION</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate: %  Amount of arrearage and other charges as of time case filed included in secured claim,  If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: _____	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	FOR COURT USE ONLY